Weston Park Care Limited

# Weston Park Care Home

## Inspection report

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07 October 2021
08 October 2021
11 October 2021
19 October 2021
04 November 2021
10 November 2021
11 November 2021

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## Ratings

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|---|---|
| Overall rating for this service | Inadequate |

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|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Weston Park Care Home (Weston Park) is a care home providing personal and nursing care for up to 103 people across three units. One unit specialised in providing care for people living with dementia. Waterside Unit provided support to people for rehabilitation on discharge from hospital, however the provider had decided to cease contracting admissions to that unit. There were 72 people using the service at the time of the inspection.

People's experience of using this service and what we found
The provider had identified the need for improvement in medication management, however sufficient action had not been taken to ensure systems to manage and administer medicines were always safe and effective. Some people had not received their medicines as prescribed and stocks were not well managed. Powders prescribed to thicken some people's drinks were not always administered as prescribed and were not always safely stored increasing the risk of avoidable harm from accidental ingestion.

Safe recruitment procedures were not always followed. The required pre-employment checks were not always carried out to assess the fitness and suitability of staff employed.

The provider's governance and quality assurance systems were not sufficiently robust to ensure quality, support continuous learning or to drive/sustain improvements within the service.

Although we observed there were enough staff on duty to meet people's needs during the inspection, we found that staff were extremely busy and we observed little other interaction between people and care staff. The service relied heavily on agency staff and was experiencing increased difficulty in securing consistent and reliable agency workers. Retention of staff had been an ongoing challenge and there had been a number of changes to management since the provider had registered with the Care Quality Commission (CQC). During the inspection the provider confirmed that a further restructure of the senior management team had taken place.

Some staff were unclear about people's dietary needs and the support people required. Not all staff had a hand-held device to access information about people's care and support needs, individual's risks and safety alerts. Whilst staff could access other staff members' devices, our observations indicated staff were not always doing this. There were significant gaps in recording of care and support delivery. People spoke negatively about the food served. The manager provided an action plan regarding meeting people's nutritional needs and confirmed that menus were being reviewed. Actions in response to weight loss had not always been taken in a timely manner.

Changes to government guidance relating to visiting arrangements within the home had not been implemented. However, following discussion with the manager, they confirmed that changes were to be implemented, and current guidance followed. Not all staff had completed the training required for their role.

During the inspection the provider advised that there had been a restructure to the senior management team to provide increased oversight within the units. Support from an external consultant had been increased and an action plan was shared.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 09 September 2020) and there was a breach of regulation in relation to the safe use of medicines. The service has previously been rated requires improvement at five inspections and inadequate at one. The provider submitted an action plan following the last inspection to show what they would do and by when to improve.

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received an increase in safeguarding concerns including in relation to the management of medicines, leadership and governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. Ratings from previous comprehensive inspections for caring and responsive key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we found that not enough improvement had been made or sustained and the provider remained in breach of regulation 12 (safe care and treatment). We also identified breaches in relation to regulations 17 (good governance) and 19 (fit and proper persons employed) at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not safe.<br>Details are in our safe findings below. | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our well-led findings below. | **Inadequate** |

# Weston Park Care Home

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Weston Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and twelve relatives about their experience of the care provided. We spoke with the nominated individual, manager, general manager, clinical manager and 13 members of staff including, nurses, agency workers, care staff, laundry assistant and chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We continued to request, receive and review information remotely and sought clarification from the provider to validate evidence found.

After the inspection
We continued to review information we received and seek clarification from the provider.

Inadequate

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant some people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last two inspections the provider had failed to ensure the safe management/use of medicines resulting in a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Previously people had not received their medicines as prescribed and stocks had not always been managed effectively, placing people at increased risk of harm. At this inspection we found these issues remained or had reoccurred.
- A request made by the GP for blood tests to be carried out to support reviews of people's medicines had not been complied with. Some staff were competent to undertake this task and the provider confirmed further staff will have their competencies reassessed moving forward.
- At the last two inspections, we raised concerns about the shared use and/or storage of prescribed powders used to thicken fluids. At this inspection, thickeners were administered to people other than those they were prescribed for and they were not always securely stored as required to prevent the risk of accidental ingestion.
- We found discrepancies with stock levels of people's medicines, and the date of opening was not always recorded on liquid medicines as required.
- Concerns around staff's competency and understanding using the EMAR (electronic medication administration record) were raised at the last inspection. Part of the provider's improvement plan included the introduction of an EMAR competency assessment. Despite this, the use of this assessment tool had not been sustained.

Systems were not in place or robust enough to demonstrate the safe use of medicines. This placed people at increased risk of harm. This was a further continued breach of regulation 12 (Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment procedures were not safe. Appropriate references had not always been sought or gaps in employment explored.

Recruitment systems were not sufficiently robust. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service relied heavily on agency staff and staff told us this impacted on the quality of care provided. Staff comments included; "I don't think we have adequate staff. They [management] try to fill the vacancies with agency but they [agency staff] are unpredictable and then we're left alone" and "Sometimes agency don't arrive, has been often just recently. It makes the day hard; we don't get time to spend with the residents."
● During the inspection there were enough staff on duty to meet people's needs, although staff appeared extremely busy and we observed little other interaction between people and care staff.
●Feedback from relatives we spoke with was mostly negative, comments included; "Staffing levels are awful. [Relative] doesn't have any continuity [of care] or know the names of carers because they go so quickly" and "I don't think there are enough staff. It's very understaffed. Feedback from people living at Weston Park varied, one person told us, "There are enough staff for what I need. I am quite independent" whilst another said, "They are sometimes short staffed."
● The home manager and provider told us that recruitment and retention of staff had been an ongoing challenge.
● Changes had been made to the tool used to determine staffing levels. Use of the new tool had resulted in staffing levels being increased.
● Nine permanent staff were due to return to the service to support Mulberry and Weaver units. The manager felt this would make a significant difference to the home, reducing the use of agency staff and lessening the recent uncertainty and impact evident from agency provision.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.
● Some people had been assessed as at risk of malnutrition and/or experienced weight loss requiring their food and fluid intake to be monitored. However, charts evidenced significant gaps and the provider could not always demonstrate staff had followed plans to reduce risk or people had received adequate food/fluid intake.
● Staff had not always taken timely action in response to people's weight loss. Concerns had recently been identified regarding a theme of weight loss within the home and a review was underway.
● Accidents and incidents were recorded on the electronic system. Although, managers undertook analysis to identify themes and trends, measures to reduce the risk of this happening again were not always considered. For example, one person had experienced a high number of falls however, there was no evidence of consideration for actions to try to reduce this risk.
● Handheld devices were provided to staff as a central element of care provision and risk management. These allowed staff to access and record information about people's individual risks, care and support needs and care delivery. Not all staff always had a handheld device on them, which meant the only way they could access information required was by borrowing a device from other staff. Our observations suggested staff without devices were not accessing the information from elsewhere.

The provider failed to adequately assess risk and had not done all that was reasonable to mitigate any such risk. This was a further breach of regulation 12 (Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We discussed the lack of devices with the manager and nominated individual who advised there had been an ongoing issue with damaged/missing devices. Following the first day of the inspection additional devices were provided, although there was a further short delay in configuration to enable use within the home.
● Environmental and safety checks were carried out.

● We observed a cleaning trolley left unattended and accessible to people living with dementia placing them at risk of harm. We brought this to the attention of manager and appropriate action was taken.

Systems and processes to safeguard people from the risk of abuse

● Prior to this inspection CQC had been notified of an increased number of incidents referred to the local authority under safeguarding procedures. Systems were in place to report and investigate these incidents and staff had received relevant training.

● Whilst some relatives felt their family member was safe living at Weston Park, others did not. Comments included "Never seen any negatives"; "I can't go in due to Covid and we talk through the window. He [relative] looked well and says it's a nice place and that he's well looked after" and "She is not safe. There have been a couple of incidents."

Preventing and controlling infection

● We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed and that the provider was accessing testing for people using the service and staff. There was an effective system of checks in place when people, including visiting professionals entered the building. However, we received information of concern that COVID-19 testing had not always taken place in line with government guidance. We referred this matter to the local authority under safeguarding procedures.

● We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance. At the start of the inspection changes to government guidance in relation to people seeing their visitors in their own rooms had not been implemented. Following discussions with the manager, they ensured that visiting arrangements complied with government guidance commenced. Government guidance regarding essential care givers was followed.

● We were somewhat assured that the provider was using PPE effectively and safely. Not all staff were observed taking gloves off before leaving people's rooms and were not clear about sequence for removal.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- As noted in the safe section of this report, where people had been assessed as being at risk of malnutrition or had experienced weight loss the provider had not always ensured people's nutritional intake was recorded when required.
- One person was heard shouting that they were hungry and asked for some breakfast. The person's care records did not evidence they had been served breakfast. Another person was observed having difficulty eating their breakfast, staff informed us they did not require any support, however their care plan indicated that they did. We brought those issues to the attention of the manager and staff.
- Staff were not always clear about people's dietary needs and the support required.
- Some people spoke negatively about the food served. Comments included "I eat because I have to eat. Sliced beef the other day was like rubber" and "The food is terrible." However, one person felt it was "good" whilst another felt it was "OK."
- We discussed this feedback with the manager who subsequently provided a copy of an action plan to drive improvements in meeting people's nutritional needs and confirmed that menus were being reviewed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had not ensured care plans were fully reflective of people's needs and choices. Some care plans reviewed lacked enough detail.
- The manager told us they had identified the need for improvements and intended to carry out a review of all care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff liaised with external agencies to support people to maintain their health and well-being. However, one professional was concerned about staff's lack of ability to provide the information they required during visits. This included difficulty in receiving a response from the manager and staff and significant delays carrying out actions requested to support people's health and wellbeing.

Staff support: induction, training, skills and experience

- Not all staff had completed the training required for their roles. A relative told us they did not feel new staff had the skills needed adding "I hope they are being trained. They are looking for direction."
- Whilst some staff had received supervision support, from records reviewed and comments made by staff, we could not be certain all staff had received regular supervision. A schedule had been implemented by the

manager to address this.
● There was an induction programme in place for new staff, however, some staff felt the induction programme was poor. We were told "Honestly, it was not a good induction. I've picked things up as I've gone along." The manager was in the process of reviewing the induction programme.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, and whether any associated conditions were being met. Where decisions were made on people's behalf the principals of the MCA were followed.
● People told us staff asked their permission before care was provided. The manager told us they had identified consent to care plans were not always evident and this was an area to be included within the planned reviewed of care plans

Adapting service, design, decoration to meet people's needs
● The provider had undertaken significant refurbishment work to Waterside unit and bathrooms within the home which was noted to be of a high standard and met people's needs .

Inadequate

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not sufficiently robust and/or operated effectively to ensure the quality of the service, to support continuous learning and drive improvements forward.
- The provider had failed to ensure there were enough handheld devices for staff to use. Some staff were not in possession of a handheld device and were also not seeking the information elsewhere, therefore they may not have had access to information required for care delivery and risk management . Similar concerns were raised by the local authority during a recent visit.
- The system for monitoring safety alerts and gaps in record keeping within the electronic system was not robust. The provider had failed to take account that not all staff had access to a handheld device and those who didn't were not always accessing the information from elsewhere.
- Areas of concern identified during previous inspections, such as gaps in recording, safe management of medicines and governance systems remained or had reoccurred.
- Actions identified from the last inspection within the provider's improvement plan had not always been completed and/or improvements sustained. The manager informed us they had not been made aware of this action plan.

These issues evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of this inspection, Weston Park did not have a manager registered with the CQC.
- We were informed during the inspection that a restructure of senior management had taken place to provide additional oversight on Weaver and Mulberry units with increased support by an external consultant.
- The provider had made changes to the use of Waterside Unit which would result in permanent staff returning to support the other units of the home, thereby reducing the use of agency staff whilst ongoing recruitment took place.
- During the inspection, we received an action plan from the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- As noted in the safe section of this report, changes to government guidance regarding visiting arrangements in care homes had not been followed. This meant that people were unable to see their friends

and relatives in their own rooms. However, following discussion with the manager, they confirmed that changes to visiting were to be made and government guidance would be followed.
● Whilst one relative said they were contacted "almost immediately" if their relative's needs/condition changed, other relatives' experiences had been different. Comments included, "They [staff] don't contact us very quickly" "I have raised issues that the communication by the home was not enough. But it has led to no change. If we ring up they are always busy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● CQC had received notifications about events which occurred within the service and the rating from the last inspection was displayed within the home and on the provider's website as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The provider held meetings to provide information and seek the views of people using the service, relatives and staff, although frequency had been impacted by the COVID-19 pandemic. Surveys distributed also provided opportunities to give feedback.
● Most staff felt listened to by the manager and able to speak up if they had concerns. However, some felt that communication was an issue within the home and that this "echoed through the whole system."
● The management team liaised with external agencies and professionals to support people's health and wellbeing. However, communication with professionals was not always effective.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems were either not in place or robust enough to ensure the safe use of medicines placing people at increased risk of harm.<br><br>The provider failed to adequately assess risk and had not done all that was reasonable to mitigate any such risk. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Governance systems were not sufficiently robust or operated effectively to ensure the quality, safety and continuous improvement of the service. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitments systems were not sufficiently robust. |